

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155104		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/23/2011	
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 W BUENA VISTA RD EVANSVILLE, IN 47710			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Dates: 08/23/11</p> <p>Facility Number: 000043 Provider Number: 155104 AIM Number: 100290960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully</p>			K0000	<p>This Plan of Correction is submitted under Federal and State regulations and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Furthermore, we request this Plan of Correction serve as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0050 SS=C	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 172 and had a census of 127 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/25/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p>			K0050	<p>K 050 Fire Drills</p> <p>1. A policy has been written that fire drills shall be performed at various times for each shift to insure they are not predictable and that they are completely unexpected by staff.</p>		09/01/2011

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	<p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire Drills and Inspections book on 08/23/11 at 12:45 p.m. with the Maintenance Supervisor present, three of three second shift (evening) fire drills since August of 2010 were performed between the hours of 3:16 p.m. and 3:23 p.m., furthermore, four of four third shift (night) fire drills since August of 2010 were performed between the hours of 1:15 a.m. and 2:09 a.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second and third shift fire drills.</p> <p>3-1.19(b)</p>				<p>2. Previous drill times will be checked prior to performing the drill to insure the times are varied.</p> <p>3. A spreadsheet has been created to log when the fire drill dates and times were performed. Said log will allow the maintenance director to insure times are properly varied.</p> <p>4. A copy of the log will be placed in the performance and improvement manual provided to the administrator for inspection.</p> <p>5. Policy has been written and spreadsheet has been created and in place on September 1, 2011</p>		

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K0056 SS=E	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to provide sprinkler coverage for 3 of 4 areas outside and attached to the building and constructed of combustible material. NFPA 13, 1999 Edition at 5-13.8.1 requires sprinklers be installed under combustible exterior roofs exceeding four feet in width. This deficient practice could affect any of the 127 residents, staff, or visitors in the facility while exiting the front entrance, employee entrance, and the Harthside entrance.</p> <p>Findings include:</p> <p>Based on observations on 08/23/11 between 9:15 a.m. and 12:00 p.m. during a tour of the</p>			K0056	<p>K 056 Sprinkler heads</p> <p>1. The sprinkler contractor was contacted on August 23 and work began on August 26 to install the sprinkler heads in the affected areas.</p> <p>2. A second inspection has been performed by the maintenance director to insure all over hangs meet the standard.</p> <p>3. The maintenance director will be responsible to insure that all areas meet standard when construction occurs.</p> <p>4. The maintenance director will be responsible to contact the sprinkler contractor prior to construction to insure proposed construction will meet standard.</p> <p>5. Work is expected to be completed no later than September 9, 2011</p> <p>K 056 Sprinkler head missing</p> <p>1. The sprinkler contractor was contacted on August 23 and work began on August 26 to install the</p>		09/09/2011

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	<p>facility with the Maintenance Supervisor, the front entrance area had three sections of overhangs attached to the building, one which was nine foot by eighteen foot and two which were twelve foot by eighteen foot, plus the employee entrance and the Harthside entrance both had ten foot by fifteen foot overhangs attached to the building. These overhangs were constructed of wood framing above the vinyl covered overhangs for the front entrance, and the plaster covered overhangs for the employee and Harthside entrances, and were not provided with sprinkler coverage. This was confirmed by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 14 smoke compartments. This deficient practice could affect 30 residents, as well as staff and visitors in the Reflections Unit.</p>				<p>sprinkler heads in the affected areas.</p> <p>2. A second inspection has been performed by the maintenance director to insure all areas of the building have sprinkler coverage.</p> <p>3. The maintenance director will be responsible to inspect all areas of the building where construction occurs to insure that changes do not affect sprinkler head coverage.</p> <p>4. The maintenance director will be responsible to inspect all areas of the building where construction occurs to insure that changes do not affect sprinkler head coverage. The sprinkler contractor will be called and heads must be installed before walls or room dividers are constructed.</p> <p>5. A sprinkler head has been ordered and a temporary head will be installed by September 6, 2011</p>		

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K0062 SS=E	<p>Findings include:</p> <p>Based on observation on 08/23/11 at 10:45 p.m. during a tour of the facility with the Maintenance Supervisor, the soiled linen/trash room in the Reflections Unit was not provided with automatic sprinkler coverage. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 1000 sprinkler heads in the facility was free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint. Any sprinkler shall be replaced that is painted or corroded. This deficient practice</p>			K0062	<p>K 062 Sprinkler Head Corroded</p> <p>1. The affected head has been measured and ordered and will be installed immediately upon arrival. 2. A second inspection has been performed to insure all sprinkler heads meet standard. 3. The maintenance director will be responsible to insure all heads are inspected with the quarterly sprinkler inspections. 4. Housekeeping staff will be trained to inspect and report heads not meeting standard to the maintenance director. 5. The affected head will be replaced no later than September 16, 2011</p>		09/16/2011

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K0130 SS=F	<p>could affect 30 residents, as well as staff and visitors in the Reflections Unit.</p> <p>Findings include:</p> <p>Based on observation on 08/23/11 at 10:40 a.m. during a tour of the facility with the Maintenance Supervisor, the sprinkler head in the Reflections Unit soiled utility room was covered with corrosion. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			K0130	K 130 Boilers		09/22/2011
	<p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, record review, and interview; the facility failed to ensure 5 of 5 fuel fired boilers and 1 of 1 electric water heaters had inspection certificates that were current to ensure the boilers and water heater were in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be designed constructed, maintained and operated to minimize the</p>				<p>1. The insurance company has been contacted and an inspection has been immediately requested.</p> <p>2. All boilers in the building have been inspected and temperature and pressure relief valves have been tested by the maintenance department. All safety devices are working properly and we are awaiting an inspection by the proper authority.</p> <p>3. The maintenance director will be responsible to insure the boilers receive their proper and</p>		

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K0144 SS=C	<p>possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/23/11 between 9:15 a.m. and 12:00 p.m. during a tour of the facility with the Maintenance Supervisor, the inspection certificates located next to the five fuel fired boilers and one electric water heater had expiration dates of 08/06/11. During an interview at the time of each observation, the Maintenance Supervisor acknowledged the expiration dates on each boiler and water heater and indicated the boilers and water heater had not been inspected since the expiration dates.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to</p>			K0144	<p>timely inspections.</p> <p>4. The expiration dates will be placed in the maintenance director's electronic calendar to insure timely reminders will be sent to insure no lack of inspection.</p> <p>5. All boilers will be inspected no later than September 22, 2011</p> <p>K 144 1. The information for a statement of reliability has been</p>		09/06/2011

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	<p>ensure the off site fuel source for 2 of 3 emergency generators was from a reliable source. NFPA 110, 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <p>a) Liquid Petroleum products at atmospheric pressure</p> <p>b) Liquefied petroleum gas (liquid or vapor withdrawal)</p> <p>c) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. CMS requires evidence of reliability of the natural fuel source must</p>				<p>forwarded to Vectren gas and we are awaiting the arrival of said letter. 2. The maintenance director will be responsible to insure fuel sources are reliable at all times. 3. The maintenance director will be responsible to insure standard is met if changes are made to affected generators. 4. The maintenance director will be responsible to review the statement of reliability annually to insure it's accuracy. 5. Statement of reliability will be on file no later than September 6, 2011</p>		

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	<p>contain all of the following:</p> <p>a. A statement of reasonable reliability of the natural gas delivery;</p> <p>b. A brief description the supports the statement regarding the reliability;</p> <p>c. A statement there is a low probability of interruption of the natural gas;</p> <p>d. A brief description that supports the statement regarding the low probability of interruption;</p> <p>e. The signature of technical personnel from the natural gas vendor.</p> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/23/11 between 9:15 a.m. and 12:00 p.m. during a tour of the facility with the Maintenance Supervisor, the generators outside the Reflections Unit and Horizons Unit were powered with natural gas only. This was acknowledged by the Maintenance Supervisor at</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2011

FORM APPROVED

OMB NO. 0938-0391

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	the time of each observation. During an interview at 12:30 p.m. the Maintenance Supervisor indicated the facility did not have a letter from their natural gas provider as evidence of the reliability of their natural gas supply. 3.1-19(b)						